

HIPAA CROSSWALK – HOME HEALTH

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
9490Y PERSONAL CARE AIDE SVCS 1040HR/FY - PCA SVCS OVER 1040HRS REQ/PA	T1019 Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, icf/mr or imd, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)		Prior Authorization is not required for services up to 1040 hours per DC fiscal year. Service is capped at 8 hours per day (32 units).

HIPAA CROSSWALK – HOME HEALTH

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
<p>9490Y</p> <p>PERSONAL CARE AIDE SVCS 1040HR/FY; GROUP SETTING - PCA SVCS OVER 1040HRS REQ/PA</p>	<p>T1019</p> <p>Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, icf/mr or imd, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)</p>	<p>HQ</p> <p>Group Setting</p>	<p>Prior Authorization is not required for services up to 1040 hours per DC fiscal year. Service is capped at 8 hours per day (32 units).</p>

HIPAA CROSSWALK – HOME HEALTH

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
<p>9491Y</p> <p>EXTENDED PCA SERVICES - PCA SVCS OVER 1040HRS REQ PA</p>	<p>T1019</p> <p>Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, icf/mr or imd, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)</p>	<p>SE</p> <p>State and/or federally funded programs/services</p>	<p>Prior Authorization is required.</p> <p>Use this code and modifier for authorized extended services over 1040 hours per DC fiscal year in cases in which the recipient is covered by the DC plan rather than by Federal Waiver.</p> <p>Service is capped at 8 hours per day (32 units).</p>

HIPAA CROSSWALK – HOME HEALTH

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<p>9491Y</p> <p>EXTENDED PCA SERVICES; GROUP SETTING - PCA SVCS OVER 1040HRS REQ PA</p>	<p>T1019</p> <p>Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, icf/mr or imd, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)</p>	<p>SE</p> <p>State and/or federally funded programs/services</p> <p>HQ</p> <p>Group Setting</p>	<p>Prior Authorization is required.</p> <p>Use this code and modifier for authorized extended services over 1040 hours per DC fiscal year in cases in which the recipient is covered by the DC plan rather than by Federal Waiver.</p> <p>Service is capped at 8 hours per day (32 units).</p>

HIPAA CROSSWALK – HOME HEALTH

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Y9491 PROFESSIONAL NURSING HOURLY EXTENDED - RN	S9123 Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99600 or S codes S9802-S9803 can be used)	Prior Authorization is required.
Y9492 LICENSED PRACTICAL NURSE - HOURLY EXTENDED	S9124 Nursing care, in the home; by licensed practical nurse, per hour	Prior Authorization is required.

HIPAA CROSSWALK – HOME HEALTH

Combined Services:

Total hours for Physical Therapy (G0151); Speech Therapy (92507 – SE); Occupational Therapy (G0152); Skilled Nursing (G0154, S9123, S9124); or Medical Social Work (G0155) are not to exceed 36 visits per recipient waiver certification year. When they exceed this limit the services are considered extended and Prior Authorization is required.

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Y9481 HOME HEALTH NURSE VISIT	G0154 Services of skilled nurse in home health setting, each 15 minutes	TD Registered Nurse TE Licensed Practical Nurse or Licensed Visiting Nurse	When applicable, modifier TD or TE must be the first modifier reported. Service is capped at 4 hours (16 units) per day and 36 visits per recipient waiver certification year. Services in excess of these limits require Prior Authorization.

HIPAA CROSSWALK – HOME HEALTH

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Y9482 HHA REGISTERED NURSE VISIT	G0154 Services of skilled nurse in home health setting, each 15 minutes		Use G0154 without modifier if services were rendered twice per day by a combination of a Home Health Aide and a Registered Nurse (RN). Service is capped at 4 hours (16 units) per day and 36 visits per recipient waiver certification year. Services in excess of these limits require Prior Authorization.
Y9485 HHA PHYSICAL THERAPY	G0151 Services of physical therapist in home health setting, each 15 minutes		A minimum of 45 minutes of service must be rendered. Services in excess of 36 visits per recipient waiver certification year require Prior Authorization.

HIPAA CROSSWALK – HOME HEALTH

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Y9486 HHA SPEECH THERAPY	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual	SE State and/or federally funded programs/services	A minimum of 45 minutes of service must be rendered. Services in excess of 36 visits per recipient waiver certification year require Prior Authorization.
Y9487 HHA OCCUPATIONAL THERAPY	G0152 Services of occupational therapist in home health setting, each 15 minutes		A minimum of 45 minutes of service must be rendered. Services in excess of 36 visits per recipient waiver certification year require Prior Authorization.

HIPAA CROSSWALK – HOME HEALTH

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Y9488 MEDICAL SOCIAL WORKER VISIT	G0155 Services of clinical social worker in home health setting; each 15 minutes	SE State and/or federally funded programs/services	A minimum of 45 minutes of service must be rendered. Services in excess of 36 visits per recipient waiver certification year require Prior Authorization.
(End of Combined Services section)			

HIPAA CROSSWALK – HOME HEALTH

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Services requiring Combined Services as a prerequisite			
Y9483 HOME HLTH AGENCY HH AIDE VISIT	G0156 Services of home health aide in home health setting, each 15 minutes		Recipients are not eligible for this service unless they are also receiving one or more of the Combined Services; Physical Therapy (G0151); Speech Therapy (92507 – SE); Occupational Therapy (G0152); Skilled Nursing (G0154, S9123, S9124); Medical Social Work (G0155).

HIPAA CROSSWALK – HOME HEALTH

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Y9493 HOME HEALTH AIDE/HOURLY EXTENDED	G0156 Services of home health aide in home health setting, each 15 minutes	TU Special payment rate	Recipients are not eligible for this service unless they are also receiving one or more of the Combined Services; Physical Therapy (G0151); Speech Therapy (92507 – SE); Occupational Therapy (G0152); Skilled Nursing (G0154, S9123, S9124); Medical Social Work (G0155). Prior Authorization is required.
(End of services requiring Combined Services as a prerequisite)			

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Local Code & Modifier Description	Standard Code Description	Remarks
Y9523 HOME HEALTH AGENCY DRUGS	T1502 Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit	Prior Authorization is required. 1 - Submit on paper. Documentation must be provided. 2 - Documentation must be retained.
Y9524 HOME HEALTH MED/SURG SUPPLIES / P.A.	T1999 Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	Prior Authorization is required. 1 - Submit on paper. Documentation must be provided. 2 - Documentation must be retained.